

C/015/025 Incoming

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CERTIFICATE OF LIABILITY INSURANCE

 DATE(MM/DD/YYYY)
09/17/2010

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Aon Risk Insurance Services West, Inc. Fresno CA Office 5260 North Palm Avenue Suite 400 Fresno CA 93704 USA	CONTACT NAME: PHONE (A/C. No. Ext): (559) 449-7200 FAX (A/C. No.): (559) 439-0863 E-MAIL ADDRESS: PRODUCER CUSTOMER ID #: 570000031836														
INSURED Castle Valley Mining LLC P.O. Box 1169 Pikeville KY 41502 USA	<table border="1"> <thead> <tr> <th data-bbox="787 556 1339 577">INSURER(S) AFFORDING COVERAGE</th> <th data-bbox="1339 556 1458 577">NAIC #</th> </tr> </thead> <tbody> <tr> <td data-bbox="787 577 1339 598">INSURER A: National Union Fire Ins Co of Pittsburgh</td> <td data-bbox="1339 577 1458 598">19445</td> </tr> <tr> <td data-bbox="787 598 1339 619">INSURER B:</td> <td data-bbox="1339 598 1458 619"></td> </tr> <tr> <td data-bbox="787 619 1339 640">INSURER C:</td> <td data-bbox="1339 619 1458 640"></td> </tr> <tr> <td data-bbox="787 640 1339 661">INSURER D:</td> <td data-bbox="1339 640 1458 661"></td> </tr> <tr> <td data-bbox="787 661 1339 682">INSURER E:</td> <td data-bbox="1339 661 1458 682"></td> </tr> <tr> <td data-bbox="787 682 1339 703">INSURER F:</td> <td data-bbox="1339 682 1458 703"></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: National Union Fire Ins Co of Pittsburgh	19445	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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INSURER D:															
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INSURER F:															

Holder Identifier :

COVERAGES

CERTIFICATE NUMBER: 570040119136

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. **Limits shown are as requested**

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY			05/31/2009	12/01/2010	EACH OCCURRENCE \$1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000
	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					MED EXP (Any one person) \$10,000
	<input checked="" type="checkbox"/> Blasting					PERSONAL & ADV INJURY \$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE \$2,000,000
	POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC					PRODUCTS - COMP/OP AGG \$2,000,000
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)
	ANY AUTO					BODILY INJURY (Per person)
	ALL OWNED AUTOS					BODILY INJURY (Per accident)
	SCHEDULED AUTOS					PROPERTY DAMAGE (Per accident)
	HIRED AUTOS					
	NON OWNED AUTOS					
	UMBRELLA LIAB	OCCUR				EACH OCCURRENCE
	EXCESS LIAB	CLAIMS-MADE				AGGREGATE
	DEDUCTIBLE					
	RETENTION					
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N	N/A			WC STATU-TORY LIMITS OTH-ER
	ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)					E.L. EACH ACCIDENT
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE-EA EMPLOYEE
						E.L. DISEASE-POLICY LIMIT

Certificate No : 570040119136

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

RE: Bear Canyon Mine, Permit C/015/025

CERTIFICATE HOLDER

CANCELLATION

State of Utah Department of Natural Resources Division of Oil, Gas & Mining 1594 West North Temple, Suite 1210 Salt Lake City UT 84116 USA	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE <i>Aon Risk Insurance Services West Inc</i>
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ACORD 25 (2009/09)

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